DEPARTMENT OF FOOD AND AGRICULTURE

Meat and Poultry Inspection Branch 1220 N Street Sacramento, CA 95814 (916) 654-0504 79-015 (Rev 04/07)

Date			
Date			

TRUCK REGISTRATION FOR RENDERERS

Please Print or Type				
Name of Business		Phone Number	FAX Number	
Mailing Address		Location (if different)		
City, State, Zipcode		City, County, Zipcode		
Contact Person(s) - Please F	Print or Type	•		
Use Ad	ditional Sheets if Necessary	y to Answer the Followi	ng Information:	
Drivers' Name	Drivers' License Number	Drivers' Name	Drivers' License Number	
	LICENSE PLATE N	UMBERS OF VEHICL	ES	
Any changes in the information	tion provided must be report	ed to the Meat and Poultr	ry Inspection Branch within 15 days.	
Obtaining all information requirements in Division 9 of	- ·	-	icense can be issued according to	
Printed Name of Applicant				
Signature of Applicant		Title	e	

I declare under penalty of perjury that the information provided on this application is true and accurate to the best of my knowledge.